

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2023
NAME OF PROVIDER OR SUPPLIER Dwelling Place at St Clares		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Blackwell St Dover, NJ 07801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow a physician's order (PO) for the application of a device for 1 of 4 residents reviewed for the use of devices, Resident #24.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>On 11/15/23 at 10:07 AM, the surveyor interviewed Resident #24 in their room. The resident expressed themselves through nodding to yes/no questions and expressed that they had pain to both knees.</p> <p>A review of the resident's Face Sheet (FS) (A one-page summary of important information about a patient) reflected that Resident #24 was initially admitted to the facility on [DATE] with diagnoses that included but were not limited to Acute Respiratory Failure, Type 2 Diabetes Mellitus without Complications, Tracheostomy and Muscle Weakness.</p> <p>A review of the Quarterly Minimum Data Set (QMDS), an assessment tool used to facilitate care management dated 10/16/2023, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated that the resident's cognition was intact.</p> <p>A review of Resident #24's electronic medical record (e-MAR) revealed a PO with an order and start date of 10/18/23 for Arthritis off loader brace for right knee Dx: OA (Osteoarthritis) right knee.</p> <p>On 11/17/23 at 10:45 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1). CNA #1 stated that she routinely cares for Resident #24. CNA #1 stated that she has never seen or applied a knee brace to Resident #24.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315019	Facility ID: 315019 If continuation sheet Page 1 of 11

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 11/20/23 at 11:44 AM, the surveyor conducted a phone interview with Resident #24's Psychiatry (MD #1). MD #1 stated that he ordered the right knee brace in the e-MAR following an assessment of Resident #24 on 10/18/23. MD #1 informed the surveyor that on 11/17/23 he became aware that the the knee brace had not been ordered by the facility staff. MD #1 further that at that point, he made sure to order the brace for Resident #24. MD #1 explained that the lapse in time for Resident #24 wearing the knee brace did not create any further issues for the resident.</p> <p>On 11/21/23 at 1:56 PM, the surveyor team met with the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA). The DON explained that MD #1 entered the knee brace order incorrectly, so the order did not populate into the e-MAR, Treatment Administration Record (TAR) or the Medical Administration Record (MAR) and that is why the order was not carried out by the staff. No further information provided.</p> <p>NJAC 8:39-19.4 (a) (1)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to monitor enteral tube feeding administration to assure the total volume administered was in accordance with physician's orders. This deficient practice was identified for 12 of 12 residents reviewed for enteral tube feeding, Resident #24, #2, #19, #5, #7, #13, #16, #1, #9, #12, #20 and #21.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 11/15/23 at 10:07 AM, the surveyor observed Resident #24 in bed watching television. The surveyor noted Resident #24 had an ongoing tube feeding (Enteral nutrition or tube feeding (TF), a way of delivering nutrition directly to your stomach or small intestine) in the process of receiving a water flush at 100 milliliter per hour (ml/hr.) set on the pump. The surveyor noted that there was a 1000 ml bottle of Glucerna 1.5 hanging on the IV pole, next to the resident but not currently running.</p> <p>On 11/20/23 at 10:39 AM, the surveyor interviewed the facility Registered Dietician (RD) who explained that she checks the resident's feed order frequently and checks that the pump is set at the correct rate. The RD explained that the total volume required for each resident is calculated by the hourly rate (ml/hr.) multiplied by the number of hours ordered for the feed. The RD further explained that if the physician's order is continuous, that would be calculated as a 24 hr. period.</p> <p>On 11/20/23 at 12:36 PM, the surveyor interviewed the Director of Nursing (DON) who stated that every nursing shift documents the total volume administered of feed for that shift. The nurse will zero out the reading on the pump at the end of their shift. The DON explained that in order to calculate the total volume administered to a resident for the day, you would have to add up the totals for each shift on that day.</p> <p>The surveyor reviewed the electronic medical record (e-MAR) for Resident #24 and found the following:</p> <p>A review of the resident's Admission Record (AR) (an admission summary, one-page summary of important information about a patient) reflected that Resident #24 was initially admitted to the facility on [DATE] with diagnoses that included Acute Respiratory Failure, Type 2 Diabetes Mellitus without Complications, Tracheostomy and Muscle Weakness.</p> <p>A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate care management dated 9/15/2023, revealed under Section C-Cognitive Patterns, a Brief Interview for Mental Status (BIMS) scored at 15, which indicated that the resident was cognitively intact.</p> <p>Review of Section K Swallowing/Nutrition of the Admission MDS, dated [DATE] documented the Resident #24 has a feeding tube.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the November 2023 ePO, revealed an order with a start date of 9/15/23 for Enteral Feed Order two time a day for monitoring Glucerna 1.5 @75ml/hr x 16 hours; up at 5PM and down 9AM. This would calculate to a total volume of 1200 ml for the day.</p> <p>Review of the documentation on the November electronic eMAR from 11/1/23 to 11/17/23, revealed that 9 out of 17 days, Resident #24 did not receive the total volume of nutrition ordered by the physician. The total calculations of the shifts for each day presented that Resident #24 received less than the total volume ordered.</p> <p>Review of Resident #24's weight history did not present any weight loss.</p> <p>2. On 11/15/23 at 10:14 AM. the surveyor observed Resident #2 in bed with eyes closed. The surveyor noted Resident #2 was in the process of receiving their feed of Jevity 1.2 running at 70 ml/hr. (set on the pump).</p> <p>The surveyor reviewed the November 2023 eMAR for Resident #2 and found the following:</p> <p>Review of the AR for Resident #2 was admitted to the facility on [DATE] with diagnoses that included Chronic Respiratory Failure with Hypercapnia, Parkinson's Disease, Epilepsy and Tracheostomy Status.</p> <p>Review of Resident #2's Quarterly MDS dated [DATE] revealed that Section C-Cognitive Patterns could not be completed as Resident #2 could not respond to any of the questions. Resident #2 was documented as having a severely impaired cognition.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated [DATE] documented that Resident #2 has a feeding tube.</p> <p>Review of the November 2023 ePO revealed an order for Jevity 1.2 @ 70 ml/hr. x 18 hrs. or until Total Volume infused = 1260 ml. with a start date of 7/15/23 and a revision date of 7/16/23. Total volume to be administered of 1260 ml for the day.</p> <p>Review of the November 2023 eMAR, documented from 11/1/23 to 11/19/23 revealed that 17 of 19 days, Resident #2 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #2 received less than the total volume ordered.</p> <p>Review of Resident #2's weight history did not present any weight loss.</p> <p>3. On 11/15/23 at 10:25 AM, the surveyor observed Resident #19 in bed with eyes closed. The surveyor noted that Resident #19 was in the process of receiving their feed of Vital 1.2 running at 65 ml/hr. (set on the pump).</p> <p>The surveyor reviewed the electronic medical record for Resident #19 and found the following:</p> <p>Review of the AR for Resident #19 was admitted to the facility on [DATE] with diagnoses that included but were not limited to Chronic Respiratory Failure with hypoxia, Tracheostomy Status, Anemia, and Persistent Vegetative State.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #19's Quarterly MDS, dated [DATE] revealed that Section C-Cognitive Patterns could not be completed as Resident #19 could not respond to any of the questions. Resident #19 was documented as having a severely impaired cognition.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated [DATE] documented that Resident #19 has a feeding tube.</p> <p>Review of the November 2023 ePO revealed an order for Vital AF 1.2 infused at 65 ml/hr. with a start date of 7/15/23. This would compute a total volume to be administered of 1560 ml for the day.</p> <p>Review of the November 2023 eMAR, documented from 11/1/23 to 11/19/23 revealed that 19 of 19 days, Resident #19 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #19 received less than the total volume ordered.</p> <p>Review of Resident #19's weight history did not present any weight loss.</p> <p>31656</p> <p>4. On 11/16/23 at 1:16 PM, the surveyor observed Resident #5 in bed with eyes closed. The surveyor noted that Resident #5 was in the process of receiving their feed of Jevity at a rate of 40 ml/hr. via feeding pump.</p> <p>On 11/20/23 at 10:22 AM, the surveyor observed Resident #5 in bed with eyes closed. The surveyor noted that Resident #5 was in the process of receiving their feed of Jevity running at 40 ml/hr. (set on the pump).</p> <p>The surveyor reviewed the electronic medical record for Resident #5 and found the following:</p> <p>Review of the AR, Resident #5 was admitted to the facility with diagnoses that included but were not limited to Chronic Respiratory Failure with Hypoxia, Unspecified Protein-Calorie Malnutrition, Tracheostomy, Essential Hypertension, Heart Failure, Anoxic Brain Damage, Chronic Kidney Disease, and Dementia.</p> <p>Review of Resident #5's Quarterly MDS, dated [DATE] revealed that Section C-Cognitive Patterns could not be completed as Resident #5 could not respond to any of the questions. Resident #5 was documented as having a severely impaired cognition.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated [DATE] documented that Resident #5 has a feeding tube.</p> <p>Review of the November 2023 ePO revealed an order for Jevity 1.5 infused at 40 ml/hr. with a start date of 8/24/23 and a revision date of 11/7/23. This would compute a total volume to be administered of 960 ml for the day.</p> <p>Review of the November 2023 eMAR, documented from 11/1/23 to 11/19/23 revealed 19 of 19 days that Resident #5 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #5 received less than the total volume ordered.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #5's Quarterly MDS, dated [DATE] revealed that Section C-Cognitive Patterns could not be completed as Resident #13 could not respond to any of the questions. Resident #13 was documented as having a severely impaired cognition.</p> <p>Review of section K Swallowing/Nutrition of the Quarterly MDS, dated [DATE] documented that Resident #13 has a feeding tube.</p> <p>Review of the November 2023 electronic physician orders revealed an order for Glucerna 1.2 infused at 60 ml/hr. for a total of 18 hrs. with a start date of 9/11/23. This would compute a total volume to be administered of 1080 ml for the day.</p> <p>Review of the November 2023 eMAR, documented from 11/1/23 to 11/19/23 revealed that 15 of 19 days Resident #13 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #13 received less than the total volume ordered.</p> <p>Review of Resident #13's weight history did not present any weight loss.</p> <p>39399</p> <p>7. On 11/15/23 at 10:32 AM, the surveyor observed Resident #16 in bed with eyes open wearing eyeglasses. The surveyor further observed that the resident had a tracheostomy tube (a medical device inserted into a surgically created opening in the trachea to facilitate breathing) in place. The surveyor also observed that Resident #16 was in the process of receiving their feed of Jevity 1.5 at a rate of 54 ml/hr. via feeding pump.</p> <p>On 11/16/23 at 10:20 AM, the surveyor observed Resident #16 in bed with eyes closed. The surveyor further noted that Resident #16 was in the process of receiving their feed of Jevity 1.5 at a rate of 54 ml/hr. via a feeding pump.</p> <p>The surveyor reviewed the electronic medical record for Resident #16 which revealed the following:</p> <p>Review of the AR, Resident #16 was admitted to the facility with diagnoses that included but were not limited to Respiratory Failure, Anemia, Hypertension and Atrial Fibrillation.</p> <p>A review of the Quarterly Minimum Data Set (Q/MDS), an assessment tool used to facilitate the management of care, dated 9/11/23 reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating that the resident was cognitively intact.</p> <p>Further review of the Q/MDS under section K- Swallowing/Nutritional Status, dated 9/11/23, documented that Resident #16 has a feeding tube.</p> <p>Review of the November 2023 electronic physician orders (ePO) revealed an order for Jevity 1.5 to be infused at 54 ml/hr. with a start date of 7/15/2023. This would compute a total volume to be administered of 1080 ml for the day.</p> <p>Review of the November 2023 eMAR, documented from 11/1/23 to 11/20/23 revealed that 13 of 20 days Resident #16 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #16 received less than the total volume ordered.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Q/MDS, an assessment tool used to facilitate the management of care, dated 8/14/23 reflected that the resident had a BIMS score of 10 out of 15 indicating that the resident had moderately impaired cognition.</p> <p>Review of section K Swallowing/Nutrition of the Q/MDS, dated [DATE] documented that Resident #9 had a feeding tube.</p> <p>Review of the November 2023 ePO revealed an order for Glucerna 1.2 to be infused at 55 ml/hr. with a start date of 10/28/23 and had a discontinued date of 11/7/23. This would compute a total volume to be administered of 1320 ml for the day. There was another ePO for Glucerna 1.2 to be infused at 60 ml/hr. with a start date of 11/7/23. This would compute a total volume to be administered of 1440 ml for the day.</p> <p>Review of the November 2023 eMAR, documented from 11/1/23 to 11/19/23 revealed that 18 of 19 days Resident #9 did not receive the total volume of nutrition ordered by the physician. The calculations of the 19 days presented that on each of those days Resident #9 received less than the total volume ordered.</p> <p>Review of Resident #9's weight history did not present any weight loss.</p> <p>46049</p> <p>10. On 11/16/23 at 9:34 AM, the surveyor observed Resident #12 lying in bed with eyes closed and the head of bed elevated. The resident was receiving an enteral feeding (a way of delivering nutrition directly to the stomach or small intestine) which was running at 40 ml/hr. on the feeding pump.</p> <p>A review of the electronic medical record of Resident #12 revealed the following:</p> <p>According to the AR, Resident #12 was admitted with diagnoses that included but were not limited to, Chronic Respiratory Failure with hypoxia [low levels of oxygen in your body tissue], Chronic Obstructive Pulmonary Disease (COPD), tracheostomy (a surgical opening in the windpipe to place a tube to allow air to enter the lungs), ventilator (machine to support breathing), and gastrostomy (a surgical opening into the stomach to insert a tube to provide nutrition).</p> <p>An Annual Minimum Data Set (MDS) assessment, a tool used to facilitate management of care, dated 10/4/23, indicated in Section B, Resident #12 was in a persistent vegetative state/no discernible consciousness. In Section K, Resident #12 was coded as receiving nutrition through a feeding tube while a resident.</p> <p>A physician's order dated 7/15/23 read: Enteral Feed Order two times a day for Monitoring CONTINUOUS FEEDING: On Jevity 1.2 @ 40ml/hr. Record Intake q shift. Flush H2O = 120 ml q 6 hrs.</p> <p>According to the order the resident was to receive a total volume of 960 ml daily.</p> <p>A review of the November 2023 eMAR from 11/1/23 to 11/19/23 revealed for 16 out of 19 days Resident #12 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #5 received less than the total volume ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2023
NAME OF PROVIDER OR SUPPLIER Dwelling Place at St Clares		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Blackwell St Dover, NJ 07801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #12's weight history did not present any significant weight loss.</p> <p>11. On 11/15/23 at 10:41 AM, the surveyor observed Resident #20 lying in bed with the head of bed elevated. Resident #20 was alert, non-verbal, and able to communicate with gestures. The resident was receiving an enteral feeding which was running at 60 ml/hr. on the feeding pump.</p> <p>A review of the electronic medical record of Resident #20 revealed the following:</p> <p>According to the AR, Resident #20 was admitted with diagnoses that included but were not limited to, Acute Respiratory Failure with hypoxia, Guillain-Barre Syndrome (a condition in which the immune system attacks the nerves), tracheostomy, ventilator, and gastrostomy.</p> <p>A QMDS assessment, dated 10/1/23, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #20 scored a 14 out of 15, which indicated the resident was cognitively intact.</p> <p>In Section K, Resident #20 was documented as receiving nutrition through a feeding tube while a resident.</p> <p>A physician's order dated 7/15/23 read: Enteral Feed Order two times a day for Monitoring Increase rate of Glucerna 1.2 to new goal of 60ml/hr. Water flush of 250ml q 6h.</p> <p>According to the order the resident was to receive a total volume of 1440 ml daily.</p> <p>A review of the November 2023 eMAR from 11/1/23 to 11/19/23 revealed that 18 out of 19 days Resident #20 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #20 received less than the total volume ordered.</p> <p>A review of Resident #20's weight history did not present any significant weight loss.</p> <p>12. On 11/15/23 at 10:15 AM, the surveyor observed Resident #21 lying in bed with the head of bed elevated. Resident #21 was alert, non-verbal, and able to communicate with gestures. The resident was receiving an enteral feeding which was running at 75 ml/hr. on the feeding pump.</p> <p>A review of the electronic medical record of Resident #21 revealed the following:</p> <p>According to the Admission Record (an admission summary), Resident #21 was admitted with diagnoses that included but were not limited to, Chronic Respiratory Failure, Amyotrophic lateral sclerosis (a nervous system disease that weakens muscles and impacts physical function), tracheostomy, ventilator, and gastrostomy.</p> <p>A QMDS assessment, dated 10/15/23, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #21 scored a 15 out of 15, which indicated the resident was cognitively intact.</p> <p>In Section K of the QMS, Resident #21 was coded as receiving nutrition through a feeding tube while a resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2023
NAME OF PROVIDER OR SUPPLIER Dwelling Place at St Clares		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Blackwell St Dover, NJ 07801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's ePO dated 10/28/23 read: Enteral Feed . two times a day Osmolite 1.5 x16 hours per day for a total of 1200cc. Feeding down at 7AM and up at 11AM; down at 7PM and up at 11PM. Continue 200 ml water flush q 4h. The feeding rate was not indicated in the order. This physician order was discontinued on 11/4/23.</p> <p>A physician's order dated 11/4/23 read: Enteral Feed Order two times a day for Monitoring Osmolite 1.5 x16 hours per day for a total of 1200cc.</p> <p>Feeding down at 7AM and up at 11AM; down at 7PM and up at 11PM. Continue 200ml water flush q 4h. The feeding rate was not indicated in the order.</p> <p>According to the physician's orders the resident was to receive a total volume of 1200 ml daily.</p> <p>A review of the November 2023 eMAR from 11/1/23 to 11/19/23 revealed that 15 out of 19 days, Resident #21 did not receive the total volume of nutrition ordered by the physician. The calculations of each day presented that each day Resident #21 received less than the total volume ordered.</p> <p>A review of Resident #21's weight history did not present any significant weight loss.</p> <p>On 11/20/23 at 11:07 AM, the surveyor interviewed Registered Nurse #2 (RN #2) about the documentation of a resident's enteral feeding intake. RN#2 stated the physician's order would be reviewed for the feeding rate and the total volume that would be administered to the resident. RN#2 further explained at the end of the shift the feeding machine was checked for the total volume the resident received during the shift and would be documented in the resident's MAR. The total volume the resident received would be cleared on the machine for the next shift. RN #2 acknowledged it would be expected for the total volume ordered by the physician to be administered to the resident.</p> <p>The surveyor reviewed the facility provided policy titled Feeding Tube Protocol, Care of the Patient, with a revised date of 11/2023. Under Protocol, B. Assessment/Monitoring it read: 1. Assess/monitor and document the following at least every 8 hrs. [hours] .b. Monitor intake and output, including flushes . Under Documentation, it read: 1. Documentation: Type, rate, and amount of feeding/medication .I & O [Intake and Output] .</p> <p>NJAC 8:39-25.2(c)2; 27.1 (a)</p>		